

L1400071805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

07034

Office Use Only



400266235344

11/14/14--01021--028 \*\*25.00

2014 NOV 14 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

N. G. G. NOV-24 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PARADISE CLUB 52 LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD DANLEY

Name of Person

RICHARD DANLEY ACCOUNTING

Firm/Company

2013 LIVE OAK BLVD SUITE A

Address

ST CLOUD FL 34771

City/State and Zip Code

RICHARD@RICHARDDANLEY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD DANLEY at ( 407 ) 892-1002  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: PARADISE CLUB 52 LLC

**SECOND:** The Florida Document number of the limited liability company is: 14 000171805

**THIRD:** Document to be corrected is:  
PARADISE CLUB 52 LLC

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

**MISSPELLED NAME**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

11/12/14

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 NOV 14 AM 10:58

FILED